

# California M E D I C I N E

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## EDITORIALS

### The A.M.A. and the Rich Report

By now most physicians in California have heard of the Rich report. This report which has to do with the public relations survey of the A.M.A. was made at the request of the Board of Trustees of the Association early in 1946 by Raymond Rich and Associates of New York City.

At the meeting of the House of Delegates of the A.M.A. in July, 1946, in San Francisco, it was anticipated that the report would be made available to the members of the House of Delegates. Instead, a concise interpretation of it by the Board of Trustees was presented to the House of Delegates while actual copies of the report were not made available despite numerous requests for them. It seemed most unfortunate and surprising that the legislative and policy setting body of the A.M.A. was denied access to the results of this thorough study of public relations aspects of the A.M.A.

In the interval of the past five months for various reasons there has been a change in attitude and at the meeting of the House of Delegates of the A.M.A. in Chicago, December 9th to 11th, 1946, the Rich report again was the principal concern of the House. At the opening session of the House a copy of the Rich report was presented to each delegate along with a copy of the report of the special committee to consider the Rich report appointed by the Speaker upon the direction of the House at the July meeting in San Francisco.

The Rich report itself is copyrighted by the A.M.A. It is, therefore, not reproduced in CALIFORNIA MEDICINE. As much of it as we may reproduce, as well as the report of the Committee of the House of Delegates, which studied it, will be presented as soon as the necessary arrangements have been made.

The committee accepted most of the recommendations of the report and recommended adoption or approval of them by the House. Some of the recommendations were altered in impor-

tant aspects, but in most instances the alterations were inconsequential.

In many particulars this report was in some degree critical of the activities of the A.M.A. but the major portion of it was composed of constructive suggestions to strengthen all the public relations activities of the Association. In fact many of the changes recommended by Mr. Rich have already been implemented by the Board of Trustees, and in the adoption of the Committee report by the House of Delegates approval was given to the parts of the program already inaugurated. Mr. Charles Swart has been appointed Executive Assistant to handle public relations activities of the A.M.A. under the direction of Dr. George Lull, Secretary and Manager.

The major controversy regarding the report pertained to the National Physicians Committee (N.P.C.). Mr. Rich was rather severely critical of the value of this organization to the A.M.A. He stated that his investigation had shown that some N.P.C. activities had resulted in criticism from many sources. He therefore felt that approval of a part of this organization by the A.M.A. should not be renewed and that any interlocking of the directors of the two organizations should be terminated.

The committee recommended no action relative to these aspects of the N.P.C. because of the controversial nature of the subject and the meager information on which Mr. Rich's conclusions were said to be based. It recommended further study of these matters and was instructed to continue its investigation and to report to the House of Delegates in June, 1947.

Dr. Edward Cary and others made a spirited defense of the N.P.C. and Dr. Cary and Dr. Fishbein accused Mr. Rich of having reached his conclusions with reference to certain features of the report without adequate investigation and in certain instances without any investigation.

Mr. Rich had no opportunity to reply to these accusations before the House. It is hoped that he will be called before the House of Delegates at the session in June, 1947, to substantiate or disprove the accusations made against him.

Only after such a procedure can the House reach a final opinion as to the proper position of

the N.P.C. in the field of public relations of the A.M.A.

The net result of the acceptance of the Rich report as amended by the committee of the House of Delegates will be to strengthen the A.M.A., improve its efficiency and place its public relations in the hands of competent, trained personnel.

## Encephalitis in California and the Pacific Area

During the past decade practicing physicians and public health personnel in California have very rapidly and progressively become more conscious of the human encephalitis problem. Among the other infectious diseases "virus pneumonias" alone have bid for equal or greater increase in attention. This growing interest in encephalitis has been due, in part at least, to a large number of closely related local research developments: isolation of the virus of equine encephalomyelitis from horses and later from man, provision for virus neutralization and complement fixation tests for diagnosis, isolation of the virus from naturally infected mosquitoes, notably *Culex tarsalis* and from other species, its experimental transmission by this and other species, and epidemiological studies implicating birds as a source of mosquito infection. During this same time, the St. Louis encephalitis virus was also suspected of playing a role in human infection within the state, and this second virus was eventually isolated within California from *Culex* mosquitoes (*Culex tarsalis*) which were also shown to be capable of transmitting the virus, and of acquiring it from infected birds. Finally, last year, this virus was isolated from a human brain. All these discoveries were made or confirmed from materials collected in the San Joaquin Valley by research workers at the Hooper Foundation of the University of California, except for the isolation of St. Louis virus from man, which was made by workers at the Virus and Rickettsial Research Laboratories of the California State Health Department where research of this nature was just beginning. The State Laboratories have also recently instituted a state-wide serological diagnostic service. Such a service had previously been conducted on a smaller scale by the Hooper Foundation.

We cannot determine when human encephalitis became an important disease in the Central Valleys of the State, for its season coincides with that of poliomyelitis, and we know that prior to the development of virus laboratory tests, encephalitis was usually diagnosed as poliomyelitis. Even now, when its presence is suspected and the clinical manifestations more readily recognized, the differential diagnosis in mild cases—and even in some severe ones—remains a very difficult problem. Available statistics, therefore, are of no practical value in its study. Another complicating factor in the consideration of reported cases is that this disease is reportable only as "infectious encephalitis," an outmoded name

having no specific etiological significance. Although we recognize that the two arthropod-borne virus encephalitides mentioned above can be acquired only during the hot summer season in some of the valley areas where there are very high sustained temperatures and prolific breeding of certain types of mosquitoes, we have many cases of "infectious encephalitis" reported during all months of the year from all areas—valley, coastal and mountain. These reports include many types of encephalitis. By performing specific laboratory tests on a selected group at the cost of several thousand dollars each year, only about 25 to 50 cases are proven to be due to these two known viruses. However, there is presumptive evidence of from 100 to 1,000 cases a year in the Central Valleys alone. Case fatality rates average from 5 to 20 per cent, and a small proportion of survivors suffer permanent mental or motor injury. Of these a high percentage require life long institutional care. Many of these infections may not be caused by one of the recognized viruses. In fact, sera from a large number of those patients with an illness resembling the St. Louis or Western equine type clinically, fail to give a positive reaction with either of these viruses. Nor can the patients be shown to be infected with poliomyelitis virus. A new virus which may be responsible for some of the cases has now been isolated repeatedly from mosquitoes from Kern County. The presence of other viruses there is suspected. While the encephalitis problem is obviously highly important, it is extremely difficult to quantitate.

Since it has now been well established that certain of these infections are maintained by mosquito transmission, usually from bird to man (there is good evidence which suggests that man and horses are not infectious to each other) the problem of the control of encephalitis has assumed a fairly definite form. Since human morbidity rates are so much lower than those of horses, protection by vaccination has not been recommended as a method of group control. Moreover, vaccine is only available for one of the types known to be present. With control of an enormous bird population obviously impossible, mosquito control is indicated as the first line of defense.

Recognizing the importance of mosquito control for both malaria and the encephalitides, the State Health Department requested funds for mosquito control from the State Legislature. In